State of New York Department of Agriculture and Markets Division of Milk Control and Dairy Services 10B Airline Drive

Albany New York 12235-0001 Call 518-457-1772 for Tracking Number Report of Positive Drug Residue Test and Load Information

(To Be Completed By Receiving Plant)

1. Date of Positive Load	2. Tracking Number from NYS		
3. Plant Name and address			
4. State of Positive Milks Origin, Haul	er, Load and Compartment ID		
5: Name of Milk Supplier	6. Contact Person 8. FIPS / BTU Number(s)		
	Where Truck will be washed		
	LastLast		
	High Control Results Pos		
		Initial Sample Test Results 1 st	
	Neg Presumptive Test Results 2 nd		
	Test Da		
14. Positive Producer(s) Name, ID Num	mber, BTU and State		
15. Producer Pounds on Load	Was Pos. producer in multiple compa	artments?	
16. Producer Test Method	17. Initial Producer Test Result	17. Initial Producer Test Results 1 st	
Verification Control Results Pos	Neg Presumptive Test Results 2 nd	3 rd	
18. NYSDAM (and Cooperative field) Po	erson(s) Notified & Date		
19.Comments:			
Tetra Pilot Program Load Extra tests Second Control Results. Pos. N	Jeg Presumptive Test Results 2 nd	3 rd	
Tetra Pilot Program Producer Extra tests			
Second Control Results. Pos N	Neg Presumptive Test Results 2 nd	3 rd	
Producer	(s) Field Follow up Report Information (To be completed by DPS)		
20. Number of Positives in last 12 Month	hs 21. Disposal Verification		
	Method and Result		
23. Was the Appropriate Information in	the Producers Quality Control Records		
24. DPS Signature	25. Date		
26. Remarks			

Instruction Sheet for DMC-1639

- →The **bolded** items on the top of this form is the information that you'll need to provide to NYSDAM's Central Office when calling to get the **tracking number** for the report. (All positives must be reported) 518-457-1772
- →This form is used to report all loads in which any type of residues are found or suspected.
- →Instructions below match reporting forms item numbers.
- →Please use the comments section and attach all additional information (i.e. load sheets, explaining unusual circumstance, additional controls etc.)
 - 1) Date of Positive load: Is the date which the load was initially tested.
 - 2) Tracking number: Is the number provided by NYSDAM Central Office when positive load is reported.
 - 3) Plant, receiving or transfer facilities name and address: The name of the facility doing the testing.
 - 4) State of positive milks origin, Hauler, load and compartment ID: The State where the milk originated from, name of the milk hauling company, assigned load or trailer ID number and which compartment(s) were positive (if applicable).
 - 5) The name of milk supplier: The owner and or handler responsible for the positive milk.
 - 6) Contact person: Is the first and last name of whom you talked with when contacting the owner of the milk.
 - 7) The pounds of milk rejected: The rejected load or compartment(s) milk weight.
 - 8) The FIPS / BTU (Bulk Tank Unit) number: is often found on milk loads weight sheet. The owner of the milk can also provide this information. Please be aware there can be more than 1 BTU on a milk load, so please include all BTU's if there are more than one on the load.
 - 9) Disposition of Milk: How milk will be disposed of. Testing plant asks the milk supplier's contact person (and or hauler) where the supplier has elected to dispose of the load of milk. (i.e. dumped at McCue farm manure pit). Testing plant also asks where the truck is *expected* to wash after the milk was unloaded.
 - 10) Person completing report: Full name of the person completing DMC-1639 on behalf of the testing plant.
 - 11) Daily Performance Check: The test methods calibration data.
 - 12) Method and residue: The test method and residue tested for if other than a Beta Lactam. The same test method and analyst must be used for both the initial and the presumptive testing (unless further testing must be done at a second laboratory). Record sample interpretation and results (i.e. POS 1,000 or NF -99).
 - 13) The name and license number of the analyst doing the testing.
 - 14) Positive Producer Name, ID, BTU and State: The positive producer(s) complete information and state of origin.
 - 15) Producer(s) Pounds on Load: The pounds of milk that the producer(s) had on the load. Was Pos producer(s) in multiple compartments is yes or no.
 - 16) Producer Test Method: The method that was used to test the producer sample(s).
 - 17) Initial Producer Test Results: Producer(s) initials results, verification control results and then the next two results. Record both sample interpretation and results (i.e. POS 1,000 or NF -99).
 - 18) List the name(s) of the NYSDAM, Cooperative and CMI's that were notified. Please include date, time and method of contact.
 - 19) Comments: Use to expand on, or explain any related items. (Can also be used to report the additional Tetracycline Pilot program diluted sample results)

Field Staffs Follow-up Portion

- 20) Number of Positives in last 12 Months: How many positive drug residue tests are in the producer QC records.
- 21) Disposal Verification: describe what documents were verified
- 22) Record the producers recheck / reinstatement sample data. Include the specific name of test method, date of testing and results. Note: needs to be the same or equivalent method that was used initially?
- 23) Confirm all the appropriate information and reports are in the producers OC records.
- 24) DPS signature: Only sign when all data was entered
- 25) Date that the report was completed.
- 26) Remarks: use this section to expand and describe details not captured by the general questions above. (i.e. what proof did you see for dumping of load, did DPS see the producer test records including test controls etc.)